In brief

Gates Foundation funds cancer prevention: The Bill and Melinda Gates Foundation is to donate \$50m (£31.25m) to help in the prevention and early detection of cervical cancer in developing countries. The disease kills around 230 000 women a year, the majority in countries that do not have the resources to carry out regular smears.

Health effects of mobile phones are under-researched:

Uncertainties remain about the health implications of using mobile phones, according to a report from the House of Commons science and technology committee. It says that the phones do not seem to pose a hazard but recommends a raft of measures to protect the estimated 16 million users in the United Kingdom.

New York's new disease renamed: Scientists now believe that the outbreak of St Louis encephalitis could be West Nile virus, which has never been diagnosed in the western hemisphere. There have been 25 confirmed cases and 150 suspected cases among humans, and dozens of birds have also died.

Michael Watson has won his case for compensation against the British Boxing Board of Control, eight years after experiencing brain injury from a subdural haemorrhage, which was not immediately treated. The

Boxer wins his case: Boxer

brain injury from a subdural haemorrhage, which was not immediately treated. The judgment could lead to tighter rules of medical supervision in boxing and other sports.

BMJ readers express view on PubMed Central: The eBMJ recently polled its readers (10-17 September), on whether medical journals should participate in PubMed Central, a web based repository of original research in the life sciences that is to be set up by the National Institutes of Health (11 September, p 657), thus making their original articles freely available to all. Readers voted 4609 in favour and 254 against.

News extra eBM

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Peace process leads to cooperation on health

Doug Payne Dublin

Despite the fluctuating state of the Northern Ireland peace process, a number of crossborder health initiatives between the Irish republic and the province have been—and continue to be established.

One of the very first crossborder bodies set up when the Good Friday agreement was signed over a year ago was the Institute of Public Health in Ireland. Based at the Royal College of Physicians in Dublin, with a budget of IR £300 000 (£360 000; \$576 000) a year, it was created to promote island wide disease surveillance and information services, research, education, and training.

Several other initiatives fall under what has been called the Cooperation and Working Together for Health Gain and Social Well Being (CAWT) scheme. To date, three hospital



A casualty is rushed to hospital after the Omagh bombing in 1998. Could emergency care draw on staff from both sides of the border?

trusts from Northern Ireland have established projects with hospitals in the Irish republic. A fourth is expected to do so later this year.

Last year's bombing in Omagh led to consideration of a disaster plan that could draw on service providers from both sides of the border. But one of the important medical figures during the Omagh crisis, consultant surgeon Dominic Pinto, of Tyrone County Hospital, said that he had some reservations about such a scheme. He recent-

ly told the *Irish Medical Times* that medical staff from the republic who volunteered during the aftermath of the bombing could not be used to best effect because they were not registered to practise in the United Kingdom.

There are problems in another area as well. There have been delays in putting in place a specialist laboratory facility and national surveillance programme that are part of a proposed All Ireland Food Safety Promotion Board.

A sixth of new cases of HIV are drug resistant strains

Scott Gottlieb New York

An increasing number of people newly infected with HIV have drug resistant strains of the virus that could compromise successful treatment with highly active antiretroviral therapy (HAART), the current treatment of choice, according to two new studies (JAMA 1999;282:1135-41, 1142-9, 1177-9).

In the first study Dr Martin Markowitz of the Aaron Diamond AIDS Research Center in New York City studied 77 men and three women from New York and Los Angeles whose HIV infection had been diagnosed within the previous five months.

The researchers analysed the virus from patients' blood to look for genetic mutations that were resistant to the antiviral drugs used to treat HIV. Thirteen patients (16%) had genetic profiles that confer resistance to at least one antiviral drug, and

three (4%) had viruses resistant to more than one drug.

The researchers also tested cells that had been infected with the particular HIV strain from 67 of the people in the study in order to see whether the virus could replicate in the presence of various antiretroviral agents. Of the 67 strains that were tested, 18 (27%) showed a threefold or greater decrease in susceptibility to any retroviral agent. One mutation was found to render the virus more than 1000 times less sensitive than normal to an entire class of highly active antiretroviral therapy drugs.

"These are not wimpy viruses that cannot be transmitted," Dr Markowitz said. "From a public health point of view, it means we need to identify drug resistant cases early. And people who are on highly active antiretroviral therapy need to know that they

can still transmit viruses."

In a second study Dr Susan Little of the University of California, San Diego, examined the viruses in 129 men and 10 women from five urban areas who were thought to be within 12 months of seroconversion for their infection. All of the study participants were infected between 1989 and 1998.

The analysis found that 36 (26%) of the patients had strains of HIV with some reduced susceptibility to the antiviral drugs used to treat HIV, and in three patients (2%) susceptibility was reduced more than 10-fold. It is not yet clear whether testing all patients with newly diagnosed HIV infection for drug resistance is necessary. Both studies call for further research and clinical trials to find the best way to evaluate and treat new patients.

In an accompanying editorial Dr Roger Pomerantz, director of the Center for Human Virology at Jefferson Medical College, Philadelphia, recommends that doctors continue to warn HIV positive patients to practise